

REMARKS

The above amendment to the specification has been made to add the abstract on the last page following the claims to conform the specification to U.S. practice.

Upon entry of the above amendment, claims 1-21 will be pending in this application. The amendments to the claims do not introduce new matter within the meaning of 35 U.S.C. §132. Accordingly, the examiner is respectfully requested to enter the above amendment before examination.

If the examiner has any questions regarding this submission, she is invited to telephone the undersigned attorney.

Respectfully submitted,
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GMN/GBK/1e (PA.NP.Claims and Abstract)

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- a. set of anchors having the same number as the number of the spinal apices; and
 - b. linear plates in number of one less than the number of (a).
- 10. (original) The implant according to claim 1, wherein the shape of the linear plate is selected from a polygon form, a rod-like form, a sheet-like form, a helical form, a spring, a frame comprising parallel enforcing structures, a bundle of fibers, a screw-like member, a network of warp and weft enforcement, a porous matrix or any combination thereof.
- 11. (original) The implant according to claim 1, wherein the linear plate is made a material selected from 304 Stainless Steel, composite materials, shape memory materials and any combination thereof.
- 12. (original) The implant according to claim 1, wherein the moment force is tailor made by the physician and ranges from about 5 to about 150 lbs per cm.
- 13. (currently amended) The implant as defined in ~~claim 1 or in any of its preceding claims~~, claim 1, wherein at least portion of the anchors are as described in figures 3 or 4.
- 14. (currently amended) A method for treating rotational malfunction of the spinal by a means of the implant as defined in ~~claim 1 or in any of the preceding claims~~, claim 1, said method comprising:
 - a. exposing the spinal column over the apex of the proximal (upper) scoliotic curve;
 - b. placing the anchors to the higher scoliotic curve;
 - c. placing the anchors to the lower scoliotic curve;
 - d. making the subcutaneous tunnel between the two operating wounds by blunt dissection under superficial iascia;

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- e. placing the spring-plate into the subcutaneous tunnel;
and
 - f. twisting the distal (lower) end of the spring-plate along its longitudinal axis in the opposite direction to the proximal (upper) end of the spring-plate.
15. (original) The method according to claim 14, wherein the exposing the spinal column over the apex of the proximal scoliotic curve comprising;
- a. making straight midline skin incision centered over the apex of the proximal scoliotic curve;
 - b. deeping the incision to the level of the spinous processes; so the base part of the apical vertebra is extraperiosteally exposed from each side of it;
 - c. extending the extraperiosteal dissection sideways from the spinous process; and
 - d. going with dissection and retraction until the middle part of the transverse process on each side of the apical vertebra is exposed.
16. (original) The method according to claim 14, wherein the placing of the spring-plate into the subcutaneous tunnel comprising:
- a. inserting the proximal end of the spring-plate into the slot under the connecting plate of the anchors assembly; and
 - b. securing the spring-plate to the anchors assembly by tightening of the two small screws.
17. (original) The method according to claim 14, wherein the placing the self-retaining retractors comprising the following stages:
- a. placing the self-retaining retractors adjacent to the spinal column to hold the entire incision open and exposed;
 - b. placing the hook part of the anchor by sliding the tip of it under the base of the transverse process;

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- c. performing the same procedure on the other side of the vertebra;
 - d. fixating the triangular slope-block part to the flat surface of the anchor located on the convex side of the scoliotic curve;
 - e. pushing the anchors towards the middle line and to each other until they contact above the spinous process of the apical vertebra and intact supraspinous ligament in the manner that no ligament tissue is crushed between their docking parts; and
 - f. immobilizing both anchors by placing the connecting plate on the upper flat surfaces of the anchors and loosely fixating the connecting plate.
18. (currently amended) The method according to ~~claims 14 and 15,~~ claim 14, useful for placing the anchors to the lower scoliotic curve, comprising the step of performing a separate incision on the level of the apical vertebra of the distal (lower) scoliotic curve wherein the connecting plate is affixed only to one anchor located on the concave side of the scoliotic curve so the triangular slope-block is located on the opposite side to the triangular slope-block of the upper anchor assembly.
19. (original) The method according to claims 14, wherein the twisting the distal end of the spring-plate along its longitudinal axis in the opposite direction to the proximal (upper) end of the spring-plate comprising:
- a. adjusting the spring-plate to the flat surfaces of the distal anchor assembly; and
 - b. fixating the spring plate under the connecting plate using two small screws on each end of the connecting plate.
20. (original) The method according to claim 14, wherein the final step is suturing the operative wounds in usual fashion.

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21. (currently amended) The method as defined in ~~claim 14 or in any of its preceding claims,~~ claim 14, wherein the rotational malfunction of the spinal column is Idiopathic Scoliosis.